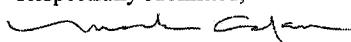


TRANSMITTAL FORM

| | | | | | | | | | | | | | | | | | |
|---------------------------|--|---------------------------|------------|-------------|---------------|----------------------|--------------------------|----------------|------|---------------|-----------------|---------------------|-----------|------------|----------------|------------|----------------|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Serial Number</td> <td style="width: 50%;">10/796,912</td> </tr> <tr> <td>Filing Date</td> <td>MARCH 8, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>JAMES M. BRUGGER, ET AL.</td> </tr> <tr> <td>Group Art Unit</td> <td>3761</td> </tr> <tr> <td>Examiner Name</td> <td>MELANIE JO HAND</td> </tr> <tr> <td>Attorney Docket No.</td> <td>53951-123</td> </tr> <tr> <td>Patent No.</td> <td>Not applicable</td> </tr> <tr> <td>Issue Date</td> <td>Not applicable</td> </tr> </table> | Application Serial Number | 10/796,912 | Filing Date | MARCH 8, 2004 | First Named Inventor | JAMES M. BRUGGER, ET AL. | Group Art Unit | 3761 | Examiner Name | MELANIE JO HAND | Attorney Docket No. | 53951-123 | Patent No. | Not applicable | Issue Date | Not applicable |
| Application Serial Number | 10/796,912 | | | | | | | | | | | | | | | | |
| Filing Date | MARCH 8, 2004 | | | | | | | | | | | | | | | | |
| First Named Inventor | JAMES M. BRUGGER, ET AL. | | | | | | | | | | | | | | | | |
| Group Art Unit | 3761 | | | | | | | | | | | | | | | | |
| Examiner Name | MELANIE JO HAND | | | | | | | | | | | | | | | | |
| Attorney Docket No. | 53951-123 | | | | | | | | | | | | | | | | |
| Patent No. | Not applicable | | | | | | | | | | | | | | | | |
| Issue Date | Not applicable | | | | | | | | | | | | | | | | |

ENCLOSURES (check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input type="checkbox"/> Petition for Extension of Time (1 month) | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| | | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |

| | |
|---|---|
| CORRESPONDENCE ADDRESS <p>Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263</p> | SIGNATURE BLOCK <p>Date: April 27, 2007 Reg. No.: 38,720 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899</p> |
| Respectfully submitted,  | |
| Mark A. Catan Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 | |

FEE TRANSMITTAL
FY 2007

| Complete if Known | |
|------------------------|--------------------------|
| Application Serial No. | 10/796,912 |
| Filing Date | MARCH 8, 2004 |
| First Named Inventor | JAMES M. BRUGGER, ET AL. |
| Group No. | 3761 |
| Examiner Name | MELANIE JO HAND |
| Confirmation No. | 1670 |

METHOD OF PAYMENT

- Payment Enclosed:
 Check Money Order Other
 The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.

- Applicant claims small entity status.

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | Filing | Search | Examination | Fee Paid |
|------------------|--------|--------|-------------|----------|
| Utility | 300 | 500 | 200 | |
| Design | 200 | 100 | 130 | |
| Plant | 200 | 300 | 160 | |
| Reissue | 300 | 500 | 600 | |
| Provisional | 200 | 0 | 0 | |

Small Entity Discount

I. TOTAL

2. EXCESS CLAIM FEES

| | Fee | Small Entity Fee (\$) |
|--|---------------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | 200 | 100 |
| Total Claims | Extra Claims | Fee Paid (\$) |
| 26 | - 24 or HP= 2 | x \$25 = \$50.00 |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee Paid (\$) |
|---------------|--------------|--------------------|
| 4 | - 3 or HP= 1 | x \$100 = \$100.00 |

HP = highest number of total claims paid for, if greater than 3

| Multiple Dependent Claims | Fee(\$) | Small Entity fee (\$) | Fee Paid (\$) |
|---------------------------|---------|-----------------------|---------------|
| | 360 | 180 | |

2. TOTAL: **\$150.00**

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Fee Paid |
|--------------|--------------|-----------------------------------|----------|----------|
| -100= 0 | /50= | round up to a whole number | x | = 0.00 |
| | | | | |

3. TOTAL:

CORRESPONDENCE ADDRESS

Direct all correspondence to:

PATENT ADMINISTRATOR
Proskauer Rose LLP
1001 Pennsylvania Avenue, N.W., Suite 400
Washington, D.C. 20004
Tel. No.: (202) 416-6800
Fax No.: (202) 416-6899
CUSTOMER NO: 61263

FEES CALCULATION (continued)

4. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|--|----------|
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | Request for ex parte re-examination | |
| 120 | 60 | Extension for reply within 1 st mo. | \$60.00 |
| 450 | 225 | Extension for reply within 2 nd mo. | |
| 1,020 | 510 | Extension for reply within 3 rd mo. | |
| 1,590 | 795 | Extension for reply within 4 th mo. | |
| 2,160 | 1,080 | Extension for reply within 5 th mo. | |
| 500 | 250 | Notice of Appeal | |
| 500 | 250 | Filing a brief in support of an appeal | |
| 1,000 | 500 | Request for oral hearing | |
| 400 | 0 | Petitions to the Director | |
| 180 | 180 | Submission of IDS | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 100 | 100 | Certificate of Correction for applicant's error | |
| 130 | 65 | Submission of Terminal Disclaimer | |
| Other fee (Specify) | | | |
| Other fee (Specify) | | | |

4. TOTAL: **\$60.00**

TOTAL AMOUNT SUBMITTED

(\$210.00)

SIGNATURE BLOCK

Respectfully submitted,

Mark A. Catan

Attorney for the Applicant(s)

Proskauer Rose LLP

1001 Pennsylvania Ave., N.W., #400

Washington, D.C. 20004